FORM D

UNITED STATES RECESE CERTIFIES AND EXCHANGE COMMISSION Washington, D.C. 20549



OTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
ORM LIMITED OFFERING EXEMPTION

FORM D

SEC US	E ONLY
Prefix	Serial
DATE R	ECEIVED
	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Private Offering of Limited Partnership Interests	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section	n 4(6) ULOE
Type of Filing: New Filing Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.) Manhattan Capital Fund, LP	,
Address of Executive Offices (Number and Street, City, State, Zip Code) 136 East 57 th Street, New York, New York 10022	Telephone Number (Including Area Code) (212) 888-1299
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business The Partnership will invest in the SB Schonfeld Capital Fund, LP., a fund of funds.	JAN 26 2005
Type of Business Organization □ corporation □ limited partnership, already formed □ limited partnership, to be formed	other (please specify)
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta CN for Canada; FN for other foreign jurisdiction)	4

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at the address after the date on which it is due. on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and ma	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	□ General and/or Managing
Full Name (Last name first, Manhattan Capital Man	,	_			
Business or Residence Addr 136 East 57 th Street, Ne	ess (Number and w York, New Yor	Street, City, State, Zip Co k 10022	ode)		
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, Katzoff, Stuart	if individual)			,	
Business or Residence Addr 136 East 57 th Street, Ne			ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		

					B. IN	FORM	1ATIC	N AB	OUT O	FFER	ING				
1. Has	the issu	er sold,	or does t	he issue	r intend	to sell, to	o non-ac	credited	investor	s in this	offering	?		Yes	No
				A	nswer al	so in Ap	pendix,	Column	2, if filir	ng under	ULOE.				
2. Wh	at is the	minimur	n invest	ment tha	t will be	accepte	d from a	ny indiv	idual?					\$	N/A
			1			•		•						Vac	N.
3. Doe	es the off	ering pe	rmit joii	nt owner:	ship of a	single u	ınit?							Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.															
Full Na	ame (Las	t name f	irst, if ir	ndividual	1)							<u> </u>			,
Busine	ss or Res	sidence A	Address	(Numbe	r and Str	eet, City	, State,	Zip Code	e)				 		
Name o	of Assoc	iated Bro	oker or I	Dealer											
								Purchase	ers				A11 C4-4		
[AL]	: "All Sta [AK]		[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	 [ID]	All States		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	*****		
Full Na	ame (Las	t name f	irst, if ir	ndividual	l)										
Busine	ss or Res	sidence A	Address	(Numbe	r and Sti	eet, City	, State,	Zip Code	e)						. .
Name	of Assoc	iated Bro	oker or I	Dealer											
								Purchase							
													All States		
[AL]	[AK] [IN]	[AZ] [IA]	[AR]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full Na	ame (Las	t name f	irst, if in	ndividual	l)										
Busine	ss or Res	sidence A	Address	(Numbe	r and Sti	eet, City	, State,	Zip Code	e)		•			•	
Name	of Assoc	iated Bro	oker or I	Dealer											
								Purchas					All States		<u></u>
[AL]	[AK]		[AR]		[CO]	[CT]		[DC]	[FL]	[GA]	[HI]	[ID]	All States		
[IL]	[IN]		[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]		[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]		[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount

	offered for the exchange and already exchanged. Type of Security	A	Aggregate	Am	ount	Already
		Of	fering Price		So	ld
	Debt	\$_			_	0
	Equity	\$_	0	\$_		0
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)					
	Partnership Interests		75,000,000	_		
	Other (Specify)					0
	Total Answer also in Appendix, Column 3, if filing under ULOE.	\$_	75,000,000	<u>)</u> \$_	3,0	000,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
	Accredited Investors]	Number Investors	Do o	ollar A f Pur	egate Amount chases 000,000
	Non-accredited Investors	_		_		0
	Total (for filings under Rule 504 only)					
	Answer also in Appendix, Column 4, if filing under ULOE.	_		-		
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505		Type of Security		Sc	Amount Ild
		-		\$_		
	Regulation A			Φ_		
	Total	_		Ֆ_ \$		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to origination expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			Ψ_		
	Transfer Agent's Fees		🛛	\$_		
	Printing and Engraving Costs	• • • • • •	🛛	\$_		5,000
	Legal Fees		🖾	\$_		95,000
	Accounting Fees	· · · · · · ·	🖾	\$_		0
	Engineering Fees	• • • • • •	🖾	\$_		0
	Sales Commissions (specify finders' fees separately)		🖾	\$_		0
				•		^
	Other Expenses (identify)	• • • • • •	🛛	\$_		0

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXP	ENSES A	ND USE OF	PR	OCEEDS
	b. Enter the difference between the aggreg Question 1 and total expenses furnished in is the "adjusted gross proceeds to the issue	response to Part C - Question 4.a. T	his differer			\$ <u>74,900,000</u>
5.	Indicate below the amount of the adjusted used for each of the purposes shown. If the estimate and check the box to the left of equal the adjusted gross proceeds to the is above.					
		,		Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installa	ation of machinery and equipment		\$		\$
	Construction or leasing of plant build	ngs and facilities	П	\$		\$
	Acquisition of other businesses (inclu offering that may be used in exchange pursuant to a merger)	ding the value of securities involved for the assets or securities of anothe	in this r issuer			\$
	Repayment of indebtedness		П	\$	П	\$
	Working capital				_	\$
	Other (specify)			\$		\$
	Other (specify)			Φ	ш	Φ
				\$		\$
	Column Totals		🗵	\$ <u>74,900,000</u>	\boxtimes	\$0
	Total Payments Listed (column totals				\$_	74,900,000
_		D. FEDERAL SIGNATU				
oll	e issuer has duly caused this notice to be sig lowing signature constitutes an undertaking uest of its staff, the information furnished b	by the issuer to furnish to the U.S.	Securities a	nd Exchange Co	omm	ission, upon written
Iss	suer (Print or Type)	Signature		Date	-	
	Manhattan Capital Fund, LP	AV		January 20	, 200	05
Na	ame of Signer (Print or Type)	Title of Signer (Print or Type)				
	Stuart Katzoff	Managing Member of Manhattan C	apital Mana	gement, LLC, th	ne ge	eneral partner
	1					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.

See Appendix, Column 5, for state response.

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Manahattan Capital Fund, LP	Signature	Date January 20, 2005
Name (Print or Type) Stuart Katzoff	Title (Print or Type) Managing Member of Manhattan (Capital Management, LLC, the general partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5
	non-acc invest St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
		; ;	\$75,000,000 in limited partnership	Number of Accredited		Number of Non-Accredited			
State	Yes	No	interests	Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
AZ		*							
AR									
CA		X	\$75,000,000	0		00			X
CO		: 							
СТ		X	\$75,000,000	0		0			X
DE		X	\$75,000,000	0		0			X
DC		X	\$75,000,000	0		0			X
FL		X	\$75,000,000	0		0			X
GA									
HI		:						-	
ID									
IL		X	\$75,000,000	0		0			X
IN									
IA									
KS									
KY									
LA									
ME		:							
MD									
MA		X	\$75,000,000	0		0			X
MI		:							
MN									
MS									
MO							-		

1		2	3		5				
	non-acc invest St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
,			\$75,000,000 in limited partnership	Number of Accredited		Number of Non-Accredited			
State	Yes	No	interests	Investors	Amount	Investors	Amount	Yes	No
MT		:							
NE									
NV									
NH									
NJ		X	\$75,000,000	2	\$1,000,000	0			X
NM									
NY		X	\$75,000,000	1	\$500,000	0			X
NC		X	\$75,000,000	0		0			X
ND		,							
ОН		X	\$75,000,000	1	\$500,000	0			X
OK									
OR		1							
PA		X	\$75,000,000	1	\$1,000,000	0			_X
RI									
SC		i i							
SD					<u></u>				
TN									
TX		X	\$75,000,000	0		0			X
UT									
VT	***								
VA		X	\$75,0000,000	0		0			X
WA									
wv									
WI									
WY		:							
PR									